

18 December, 2006

Patient and Public Involvement Team
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REF: A stronger local voice: Abolition of PPI forums and setting up of LINKS.

Dear Sir/ Madam:

Thank you for the opportunity to reply to the questions raised in the above consultation document.

Question *What arrangements can we put in place to make sure there is a smooth transition to the new system?*

- Responsibilities, resources and powers transferred from PPI's to LINKs and are applicable to both Health and Social Care.
- More explicit roles and responsibilities. My experience of PPI forums has led me into contact with exceptional individuals who have truly tried to put the interests of the User/Patient first. However due to uncertainty over what exactly PPI forums are trying to achieve, and professional resistance, I believe this has resulted in little measurable lasting improvement in services. It is my view that the commitment shown and experience gained by many PPI members and PPI administrators should not be lost in the transition to LINKs.
- Communication of these roles and responsibilities will prevent confused PPI members feeling disheartened.

Question *How can we build on existing activity in the voluntary and community sector?*

- By allowing voluntary organisations to tender for services. These have historically been provided by the public sector.

- By using the Voluntary sector for independent monitoring of service quality by obtaining the Users perspectives.
- **Question** *What do you think should be included in a basic model contract to assist local authorities tendering for a host organisation to run a LINK?*
- Clear Roles and Responsibilities. (Such tasks may be 1. Monitoring of services from a User's perspective 2. Keeping Users who wish to be informed up to date with service development. 3. Independent up to date information relevant to the area of service in question. 4. Providing a safe environment where Users can be consulted. 5. Best value criteria.
- What service area the tender relates to i.e. Mental Health, Physical Disabilities, Cancer, etc.

Question *How can we best attract members and make people aware of the opportunities to be members of LINKs?*

- To make people aware whenever someone uses a service they should be informed about what User Groups/LINKs etc relate to the service they have just used. This will need to be monitored to ensure it is taking place.
- To attract members they could be offered financial benefit for their time and out of pocket expenses taking into account that if paid they must be seen to add value.
- By ensuring sound proposals are acted upon to prevent individuals becoming downhearted.

Question *What governance arrangements do you think a LINK should have to make sure it is managed effectively?*

The same as that which we are asking of the statutory services. Good Management standards with accountability. I.e.

- A requirement of an operating procedure to show transparently how they will carry out their tasks.
- Evidence that individuals running them can demonstrate a commitment to public service principles.
- Evidence that individuals can demonstrate an understanding and application of management standards or willingness to learn.
- Selection/election criteria of individuals running LINKs determined by Users.

- Clear statement that LINKs are responsible and accountable to Patients/Users they are representing. The process of accountability will be in the election of the Management committee at the AGM.
- Use of the recommended system of Performance monitoring (Kaplan balanced scorecard system) equitably to ensure LINKS are also adding value to service delivery.

Question *What is the best way for commissioners to respond to the community on what they have done differently as a result of the views they have heard? For example, should it be part of the proposed PCT prospectus?*

It is my view that if the commissioning process did not involve documented User participation to gain their views then the LINKs can refer the PCT to the healthcare commission and block any changes. To have it in the PCT prospectus is non-antagonistic but what avenue is then left to the Users/Patients of services if change is forced through. The commissioners of services shall show documented involvement has been facilitated to gain a consensus view of all stakeholders before changes of services takes place. The process of stakeholder involvement also needs to be formalised so vulnerable people can be consulted in a safe environment; Not in heated public consultations where the threat of service cuts has already raised the stress levels.

Yours sincerely



Ian Topp